and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

By Mr. SARBANES (for himself and Ms. MIKULSKI):

S. 2502. A bill to establish in the Office of the Architect of the Capitol the position of Director of Fire Safety and Protection to assume responsibility for fire safety and protection activities of the Architect of the Capitol, and for other purposes; to the Committee on Rules and Administration.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mr. TORRICELLI (for himself and Mr. LAUTENBERG):

S. Res. 302. A resolution expressing the sense of the Senate that the Health Care Financing Administration should consider current systems that provide better, more cost effective emergency transport before promulgating any final rule regarding the delivery of emergency medical services; to the Committee on Finance.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. SPECTER:

S. 2499. A bill to extend the deadline for commencement of construction of a hydroelectric project in the State of Pennsylvania; to the Committee on Energy and Natural Resources.

LEGISLATION PROVIDING FOR A PROJECT DEADLINE EXTENSION

Mr. SPECTER. Mr. President, I rise today to introduce legislation that would reinstate and extend the deadline for construction of a Pennsylvania hydroelectric power project. This extension is necessary because the Potter Township Power Authority (Project No. 7041) will lose their license from the Federal Regulatory Commission under Section 13 of the Power Act. On many occasions, the Congress has granted similar noncontroversial extensions to licensees for projects in other states. This legislation would provide additional time for the municipal licensees to conclude their negotiations with the potential power purchasers. In introducing this legislation, I am not expressing any personal views on whether the projects should go forward or on how the projects should be funded; that is clearly the responsibility of the municipal licensees and the residents of the township.

I urge my colleagues to support this legislation and ask unanimous consent that the text of this bill be printed in the RECORD.

There being no objection, the bill was ordered to be printed in the RECORD, as follows:

S. 2499

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. EXTENSION OF DEADLINE AND REINSTATEMENT OF LICENSE.

(a) IN GENERAL.—Notwithstanding the time period specified in section 13 of the Federal Power Act (16 U.S.C. 806) that would otherwise apply to the Federal Energy Regulatory Commission project numbered 7041, the Commission shall, at the request of the licensee for the project, extend the period required for commencement of construction of the project until December 31, 2001.

(b) EFFECTIVE DATE.—Subsection (a) takes effect on the expiration of the period required for commencement of construction of the project described in subsection (a).

(c) REINSTATEMENT OF EXPIRED LICENSE.—If the license for the project described in subsection (a) has expired before the date of enactment of this Act, the Commission shall reinstate the license effective as of the date of its expiration and extend the time required for commencement of construction as provided in subsection (a).

By Mr. DODD:

S. 2500. A bill to authorize the Secretary of Transportation to issue a certificate of documentation with appropriate endorsement for employment in the coastwise trade for the vessel *Puffin*; to the Committee on Commerce, Science, and Transportation.

JONES ACT WAIVER FOR THE ''PUFFIN''

● Mr. DODD. Mr. President, I rise today to introduce legislation to waive the 1920 Merchant Marine Act, the so-called Jones Act, to allow Mr. Thomas Brooks Brener of Norwalk, Connecticut to commercially operate the *Puffin*, a sailing sloop built in the Netherlands in 1985.

Mr. Brener seeks the Jones Act waiver in order to reclassify the *Puffin* from a strictly recreational vessel to a charter or commercial vessel documented to operate with six or fewer paying passengers. If granted this waiver, Mr. Brener intends to provide private sailing instruction and captained private and charitable charters out of Norwalk, Connecticut.

The operating plan proposed by Mr. Brener is quite modest and limited in scale. With a total length of just under 36 feet and carrying six or fewer passengers, the *Puffin* is not the foreign built challenge to American shipyards and shipping envisioned by the drafters of the Merchant Marine Act of 1920. Indeed, it poses no threat to larger U.S. coastal shipping interests. On the contrary, instead of being a threat to the local coastal trade, reclassification of the *Puffin* will provide a beneficial service to the community of Norwalk and the people of southwestern Connecticut by creating an additional recreational and small business opportunity.

I believe it is altogether appropriate to grant a Jones Act waiver for the sailing sloop *Puffin* and I urge the Senate to do so. I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the bill was ordered to be printed in the RECORD, as follows:

S. 2500

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. CERTIFICATE OF DOCUMENTATION.

Notwithstanding section 27 of the Merchant Marine Act, 1920 (46 U.S.C. App. 883), section 8 of the Act of June 19, 1886 (24 Stat. 81, chapter 421; 46 U.S.C. App. 289), and sections 12106 and 12108 of title 46, United States Code, the Secretary of Transportation may issue a certificate of documentation with appropriate endorsement for employment in the coastwise trade for the vessel PUFFIN, United States official number 697029.●

By Mr. JOHNSON:

S. 1501. A bill to provide access and choice for use of generic drugs instead of nongeneric drugs under Federal health care program, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

GENERIC PHARMACEUTICAL ACCESS AND CHOICE FOR CONSUMERS ACT OF 2000

● Mr. JOHNSON. Mr. President, today, I am introducing legislation as one more step in my fight to combat rising prescription drug prices and reduce the cost of medication for consumers in this country. My legislation, called the Generic Pharmaceutical Access and Choice For Consumers Act of 2000, aims to reduce the cost of prescription medication to American taxpayers and the U.S. government by encouraging the use of Food and Drug Administration (FDA) approved, therapeutically equivalent generic prescription drugs within the federal health care programs, except if the non-generic form is either ordered by the prescribing physician or requested by the patient.

The Generic Pharmaceutical Access and Choice For Consumers Act of 2000 establishes a straightforward and cost-effective means of increasing consumers' access and choice to safe, affordable generic prescription drugs under federal health care programs which could result in savings of millions of dollars.

The Federal Employee Health Benefits Program (FEHBP), which last year spent $18.2 billion providing health insurance coverage to its estimated 4.12 million enrollees, spent nearly twenty percent, $3.6 billion, of their insurance program costs on pharmaceutical benefits alone. This year brought little relief when the Office of Personnel Management (OPM) announced that FEHBP premium increases for the year 2000 were about 9.3 percent, mostly attributable to the cost increase in prescription drug claims.

In 1997, about one-third of all prescriptions under the FEHBP were for generic drugs. The Office of Personnel Management (OPM), which administers the FEHBP, estimated that total costs for prescription drugs would drop by about fifteen percent if half of all prescriptions were for generic drugs.

A 1998 study conducted by the Congressional Budget Office estimates that generic pharmaceutical substitution saves consumers nationwide approximately eight to ten billion dollars a year.

Some FEHBP plans and other federal health care programs do to some extent encourage the use of generic prescription drugs but the practice is not mandatory or universally incorporated into all programs. The Generic Pharmaceutical Access and Choice For Consumers Act simply directs all federal health care programs that provide prescription drug plans to fill prescriptions with FDA approved, therapeutically equivalent generic prescription drugs, except if the non-generic form is either ordered by the prescribing physician or requested by the patient.

I believe we can take greater steps to increase the utilization of high-quality, FDA approved generic pharmaceutical which cost between twenty-five and sixty percent less than brand-name pharmaceutical, resulting in an estimated average savings of fifteen to thirty dollars on each prescription filled.

Generic pharmaceutical are widely accepted by both consumers and the medical profession, as the market share held by generic pharmaceutical compared to brand-name prescription drugs has more than doubled during the last decade, from approximately nineteen to forty-three percent, according to the Congressional Budget Office. Yet, despite accounting for just over forty percent of the prescriptions drugs dispensed, generic pharmaceutical represent only 8 percent of the total dollar volume spent on drugs.

Since there exists no current coverage for outpatient prescription drugs under the Medicare program, a second component of my bill includes a Sense of the Senate that legislative language requiring, to the extent feasible, a preference for the safe and cost-effective use of generic pharmaceutical be considered in conjunction with any legislation that adds a prescription drug benefit to the Medicare program. I strongly believe that the utilization of high-quality generic pharmaceutical in a Medicare prescription drug benefit would provide a built in cost control mechanism that would help ensure the economic feasibility and sustainability of any new benefit.

And third, the bill I am introducing today works to prevent a tactic used by the brand drug industry to prevent generics from reaching the consumers by convincing state legislatures to pass unwarranted restrictions to the substitution of generic versions of brand name drugs. The campaign that some brand name drug companies lobby in some states is nothing more than an attempt by the brand name companies to protect their market share. The Generic Pharmaceutical Access and Choice For Consumers Act increases the level playing field for generic pharmaceutical by requiring the Food and Drug Administration, where appropriate, to determine that a generic pharmaceutical is the therapeutic equivalent of its brand-name counterpart, and affording national uniformity to that determination.

The legislation would also prevent a State from establishing or continuing any requirement that keeps generic pharmaceutical off the market once FDA has determined that a generic drug is ''therapeutically equivalent'' to a brand name drug. This provision will ensure that generic prescription drugs get to the market in a timely fashion and provide consumers with access and choice to low cost, high-quality alternatives.

As the year continues, we will see more discussion about how we provide Medicare coverage of prescription drugs and I hope that ultimately that's where we'll wind up some day. However, I believe that minimizing cost through full access to generic drugs must be part of any effort to address the prescription drug pricing issue. I introduced the Generic Pharmaceutical Access and Choice For Consumers Act of 2000 to lay the ground work early in these discussions and take some constructive steps in the right direction so that the American public can get the full benefit of safe, affordable generic prescription drugs and taxpayers are treated right at the same time.

I ask unanimous consent that the text of the legislation be printed in the RECORD.

There being no objection, the bill was ordered to be printed in the RECORD, as follows:

S. 2501

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Generic Pharmaceutical Access and Choice for Consumers Act of 2000''.

(b) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

Sec. 1. Short title; table of contents.
Sec. 2. Findings and purposes.
TITLE I—ENCOURAGEMENT OF THE USE OF GENERIC DRUGS
Sec. 101. Encouragement of the use of generic drugs under the Public Health Service Act.
Sec. 102. Application to Federal employees health benefits program.
Sec. 103. Application to medicare program.
Sec. 104. Application to medicaid program.
Sec. 105. Application to Indian Health Service.
Sec. 106. Application to veterans programs.
Sec. 107. Application to recipients of uniformed services health care.
Sec. 108. Application to Federal prisoners.
TITLE II—THERAPEUTIC EQUIVALENCE REQUIREMENTS FOR GENERIC DRUGS
Sec. 201. Therapeutic equivalence of generic drugs.
TITLE III—GENERIC PHARMACEUTICALS AND MEDICARE REFORM
Sec. 301. Sense of the Senate regarding a preference for the use of generic pharmaceuticals under the medicare program.

SEC. 2. FINDINGS AND PURPOSES.

(a) FINDINGS.—Congress makes the following findings:

(1) Generic pharmaceuticals are approved by the Food and Drug Administration on the basis of testing and other information establishing that such pharmaceuticals are therapeutically equivalent to brand-name pharmaceuticals, ensuring consumers a safe, efficacious, and cost-effective alternative to brand-name pharmaceuticals.

(2) The pharmaceutical market has become increasingly competitive during the last decade because of the increasing availability and accessibility of generic pharmaceuticals.

(3) The Congressional Budget Office estimates that—

(A) the substitution of generic pharmaceuticals for brand-name pharmaceuticals will save purchasers of pharmaceuticals between $8,000,000,000 and $10,000,000,000 each year; and

(B) quality generic pharmaceuticals cost between 25 percent and 60 percent less than brand-name pharmaceuticals, resulting in an estimated average savings of $15 to $30 on each prescription filled.

(4) Generic pharmaceuticals are widely accepted by both consumers and the medical profession, as the market share held by generic pharmaceuticals compared to brand-name pharmaceuticals has more than doubled during the last decade, from approximately 19 percent to 43 percent, according to the Congressional Budget Office.

(b) PURPOSES.—The purposes of this Act are—

(1) to reduce the cost of prescription drugs to the United States Government and to beneficiaries under Federal health care programs while maintaining the quality of health care by encouraging the use of generic drugs rather than nongeneric drugs under those programs whenever feasible; and

(2) to increase the utilization of generic pharmaceuticals by requiring the Food and Drug Administration, where appropriate, to determine that a generic pharmaceutical is the therapeutic equivalent of its brand-name counterpart, and by affording national uniformity to that determination.

TITLE I—ENCOURAGEMENT OF THE USE OF GENERIC DRUGS

SEC. 101. ENCOURAGEMENT OF THE USE OF GENERIC DRUGS UNDER THE PUBLIC HEALTH SERVICE ACT.

(a) IN GENERAL.—Part B of title II of the Public Health Service Act (42 U.S.C. 238 et seq.) is amended by adding at the end the following new section:

''SEC. 247. USE OF GENERIC DRUGS ENCOURAGED.

''(a) Each grant or contract entered into under this Act that involves the provision of health care items or services to individuals shall include provisions to ensure that, to the extent feasible, any prescriptions provided for under such grant or contract are filled by providing the generic form of the drug involved, unless the nongeneric form of the drug is—

''(1) specifically ordered by the prescribing provider; or

''(2) requested by the individual for whom the drug is prescribed.

''(b) In this section:

''(1) The term 'generic form of the drug' means a drug that is the subject of an application approved under section 505(j) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(j)), for which the Secretary has made a determination that the drug is the therapeutic equivalent of a listed drug under section 505(j)(5)(E) of that Act (21 U.S.C. 355(j)(5)(E)).

''(2) The term 'nongeneric form of the drug' means a drug that is the subject of an application approved under section 505(b) of the

Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(b)).''.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply with respect to any drug furnished on or after the date of enactment of this Act.

SEC. 102. APPLICATION TO FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM.

(a) IN GENERAL.—Section 8902 of title 5, United States Code, is amended by adding at the end the following new subsection:

''(p) To the extent feasible, if a contract under this chapter provides for the provision of, the payment for, or the reimbursement of the cost of any prescription drug, the carrier shall provide, pay, or reimburse the cost of the generic form of the drug (as defined in section 247(b)(1) of the Public Health Service Act), except, if the nongeneric form of the drug (as defined in section 247(b)(2) of such Act) is—

''(1) specifically ordered by the prescribing provider; or

''(2) requested by the individual for whom the drug is prescribed.''.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to any drug furnished during contract years beginning on or after January 1, 2001.

SEC. 103. APPLICATION TO MEDICARE PROGRAM.

(a) IN GENERAL.—Section 1861(t) of the Social Security Act (42 U.S.C. 1395x(t)) is amended by adding at the end the following new paragraph:

''(3) For purposes of paragraph (1), the term 'drugs' means, to the extent feasible, the generic form of the drug (as defined in section 247(b)(1) of the Public Health Service Act), unless the nongeneric form of such drug (as defined in section 247(b)(2) of such Act) is—

''(A) specifically ordered by the health care provider; or

''(B) requested by the individual to whom the drug is provided.''.

(b) EFFECTIVE DATE.—

(1) IN GENERAL.—Except as provided in paragraph (2), the amendment made by this section shall apply with respect to any drug furnished on or after the date of enactment of this Act.

(2) MEDICARE+CHOICE PLANS.—In the case of a Medicare+Choice plan offered by a Medicare+Choice organization under part C of title XVIII of the Social Security Act (42 U.S.C. 1395w–21 et seq.), the amendment made by this section shall apply to any drug furnished during contract years beginning on or after January 1, 2001.

SEC. 104. APPLICATION TO MEDICAID PROGRAM.

(a) IN GENERAL.—Section 1902(a) of the Social Security Act (42 U.S.C. 1396a(a)) is amended—

(1) in paragraph (64), by striking ''and'' at the end;

(2) in paragraph (65), by striking the period at the end and inserting ''; and''; and

(3) by adding the following new paragraph:

''(66) provide that the State shall, in conjunction with the program established under section 1927(g), to the extent feasible, provide for the use of a generic form of a drug (as defined in section 247(b)(1) of the Public Health Service Act), unless the nongeneric form of the drug (as defined in section 247(b)(2) of such Act is—

''(A) specifically ordered by the provider; or

''(B) requested by the individual to whom the drug is provided.''.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply with respect to any drug furnished under State plans that are approved or renewed on or after the date of enactment of this Act.

SEC. 105. APPLICATION TO INDIAN HEALTH SERVICE.

(a) IN GENERAL.—Title II of the Indian Health Care Improvement Act (25 U.S.C. 1621 et seq.) is amended by adding at the end the following new subsection:

''SEC. 225. USE OF GENERIC DRUGS ENCOURAGED.

''In providing health care items or services under this Act, the Indian Health Service shall ensure that, to the extent feasible, any prescriptions that are provided for under this Act are filled by providing the generic form of the drug (as defined in section 247(b)(1) of the Public Health Service Act) involved, unless the nongeneric form of the drug (as defined in section 247(b)(2) of such Act) is—

''(1) specifically ordered by the prescribing provider; or

''(2) requested by the individual for whom the drug is prescribed.''.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply with respect to any drug furnished on or after the date of enactment of this Act.

SEC. 106. APPLICATION TO VETERANS PROGRAMS.

(a) USE OF GENERIC DRUGS ENCOURAGED.—Subchapter III of chapter 17 of title 38, United States Code, is amended by inserting after section 1722A the following new section:

''§ 1722B. Use of generic drugs encouraged

''When furnishing a prescription drug under this chapter, the Secretary shall furnish a generic form of the drug (as defined in section 247(b)(1) of the Public Health Service Act), unless the nongeneric form of the drug (as defined in section 247(b)(2) of such Act) is—

''(1) specifically ordered by the prescribing provider; or

''(2) requested by the individual for whom the drug is prescribed.''.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 17 of such title is amended by inserting after the item relating to section 1722A the following new item:

''1722B. Use of generic drugs encouraged.''.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply with respect to any drug furnished on or after the date of enactment of this Act.

SEC. 107. APPLICATION TO RECIPIENTS OF UNIFORMED SERVICES HEALTH CARE.

(a) USE OF GENERIC DRUGS ENCOURAGED.—Chapter 55 of title 10, United States Code, is amended by adding at the end the following new section:

''§ 1110. Use of generic drugs encouraged

''The Secretary of Defense shall ensure that, whenever feasible, each health care provider who furnishes a drug furnishes the generic form of the drug (as defined in section 247(b)(1) of the Public Health Service Act), unless the nongeneric form of the drug (as defined in section 247(b)(2) of such Act) is—

''(1) specifically ordered by the prescribing provider; or

''(2) requested by the individual for whom the drug is prescribed.''.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 1109 the following new item:

''1110. Use of generic drugs encouraged.''.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply with respect to any drug furnished on or after the date of enactment of this Act.

SEC. 108. APPLICATION TO FEDERAL PRISONERS.

(a) IN GENERAL.—Section 4006(b) of title 18, United States Code, is amended by adding at the end the following new paragraph:

''(3) USE OF GENERIC DRUGS ENCOURAGED.—The Attorney General shall ensure that, whenever feasible, each health care provider who furnishes a drug to a prisoner charged with or convicted of an offense against the United States furnishes the generic form of the drug (as defined in section 247(b)(1) of the Public Health Service Act), unless the nongeneric form of the drug (as defined in section 247(b)(2) of such Act) is—

''(A) specifically ordered by the prescribing provider; or

''(B) requested by the prisoner for whom the drug is prescribed.''.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply with respect to any drug furnished on or after the date of enactment of this Act.

TITLE II—THERAPEUTIC EQUIVALENCE REQUIREMENTS FOR GENERIC DRUGS

SEC. 201. THERAPEUTIC EQUIVALENCE OF GENERIC DRUGS.

(a) IN GENERAL.—Section 505(j) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(j)) is amended—

(1) in paragraph (5), by adding at the end the following new subparagraph:

''(E)(i) For each abbreviated application filed under paragraph (1), the Secretary shall determine whether the new drug for which the application is filed is the therapeutic equivalent of the listed drug referred to in paragraph (2)(A)(i) prior to the approval of the application.

''(ii) For purposes of clause (i), a new drug is the therapeutic equivalent of a listed drug if—

''(I) each active ingredient of the new drug and the listed drug is the same;

''(II) the new drug and the listed drug (aa) are of the same dosage form; (bb) have the same route of administration; (cc) are identical in strength or concentration; (dd) meet the same compendial or other applicable standards, except that the drugs may differ in shape, scoring, configuration, packaging, excipient, expiration time, or, subject to paragraph (2)(A)(v), labeling; and (ee) are expected to have the same clinical effect and safety profile when administered to patients under conditions specified in the labeling; and

''(III) the new drug does not (aa) present a known or potential bioequivalence problem and meets an acceptable in vitro standard; or (bb) if the new drug presents a known or potential bioequivalence problem, the drug is shown to meet an appropriate bioequivalence standard.

''(iii) With respect to a new drug for which an abbreviated application is filed under paragraph (1), the provisions of this subparagraph shall supersede any provisions of the law of any State relating to the determination of the therapeutic equivalence of the drug to a listed drug.''; and

(2) in paragraph (7)(A), by adding at the end the following:

''(iv) The Secretary shall include in each revision of the list under clause (ii) on or after the date of enactment of this clause the official and proprietary name of each listed drug that is therapeutically equivalent to a new drug approved under this subsection during the preceding 30-day period, as determined under paragraph (5)(E).''.

(b) EFFECTIVE DATE.—The amendments made by this section shall take effect on the date of enactment of this Act.

TITLE III—GENERIC PHARMACEUTICALS AND MEDICARE REFORM

SEC. 301. SENSE OF THE SENATE REGARDING A PREFERENCE FOR THE USE OF GENERIC PHARMACEUTICALS UNDER THE MEDICARE PROGRAM.

It is the sense of the Senate that legislative language requiring, to the extent feasible, a preference for the safe and cost-effective use of generic pharmaceuticals should be considered in conjunction with any legislation that adds a comprehensive prescription drug benefit to the medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.).●

By Mr. SARBANES (for himself and Ms. MIKULSKI):

S. 2502. A bill to establish in the Office of the Architect of the Capitol the position of Director of Fire Safety and Protection to assume responsibility for fire safety and protection activities of the Architect of the Capitol, and for other purposes; to the Committee on Rules and Administration.

UNITED STATES CAPITOL FIRE PROTECTION ACT

Mr. SARBANES. Mr. President, today I am introducing legislation, together with my colleague, Senator MIKULSKI, to enhance fire safety and protection in the United States Capitol and the buildings within the Capitol Complex.

Last year, in response to a request made by congressional employees under the Congressional Accountability Act of 1995, the General Counsel of the Office of Compliance conducted a fire safety inspection of the Capitol Complex. The resulting report, the Report on Fire Safety Inspections of Congressional Buildings, outlined an alarming number of fire code violations in the U.S. Capitol, as well as the House and Senate Office Buildings. The report identified significant fire code violations existing throughout every one of these buildings, including, but not limited to, ''lack of fire barriers to retard the spread of fire and smoke, inadequate exit signs and exit capacity, deficient emergency lighting, limited sprinkler coverage, and dangerous storage of flammable and toxic materials.'' Furthermore, in March, the Office of Compliance issued eight citations ordering the Architect of the Capitol, who is responsible for fire safety and protection within the Complex, to take action to increase fire alarm and sprinkler systems testing and improve the training of staff in the handling of hazardous materials.

My legislation seeks to address these fire code violations by improving upon the expertise and accountability of the Office of the Architect of the Capitol with regard to fire safety. The measure establishes a position to be appointed by and responsible to the Architect to meet his responsibility for fire safety and protection within the Capitol Complex. The Director of Fire Safety and Protection will work to ensure that all properties under the jurisdiction of the Architect, including the U.S. Capitol, House and Senate Office Buildings, Library of Congress, U.S. Botanical Gardens, and the Capitol Power Plant, meet the applicable codes and standards established by the National Fire Protection Association. The Director will be responsible for conducting regular inspections of the properties, as well as their fire alarm and protection systems, and training employees of the Architect of the Capitol in the proper use and maintenance of these systems and the storage of hazardous chemicals and materials. This legislation would also require the Director to make semiannual reports to the Congress on the progress of his or her efforts in making the Capitol Complex fire-safe.

As a longtime advocate for historic preservation, I want to stress that this legislation recognizes the historic nature of the buildings under the jurisdiction of the Architect and provides the Director with the flexibility necessary to ensure that the properties are preserved and rehabilitated in such a manner to retain their historical and architectural significance.

Mr. President, the United States Capitol Fire Protection Act is an important step in addressing a critical situation. I urge my colleagues to support its passage.

ADDITIONAL COSPONSORS

S. 2

At the request of Ms. LANDRIEU, her name was withdrawn as a cosponsor of S. 2, a bill to extend programs and activities under the Elementary and Secondary Education Act of 1965.

S. 344

At the request of Mr. BOND, the name of the Senator from Arkansas (Mr. HUTCHINSON) was added as a cosponsor of S. 344, a bill to amend the Internal Revenue Code of 1986 to provide a safe harbor for determining that certain individuals are not employees.

S. 345

At the request of Mr. ALLARD, the names of the Senator from Virginia (Mr. ROBB) and the Senator from Hawaii (Mr. INOUYE) were added as cosponsors of S. 345, a bill to amend the Animal Welfare Act to remove the limitation that permits interstate movement of live birds, for the purpose of fighting, to States in which animal fighting is lawful.

S. 505

At the request of Mr. GRASSLEY, the name of the Senator from Georgia (Mr. CLELAND) was added as a cosponsor of S. 505, a bill to give gifted and talented students the opportunity to develop their capabilities.

S. 577

At the request of Mr. HATCH, the name of the Senator from Virginia (Mr. WARNER) was added as a cosponsor of S. 577, a bill to provide for injunctive relief in Federal district court to enforce State laws relating to the interstate transportation of intoxicating liquor.

S. 682

At the request of Mr. SMITH of Oregon, his name was added as a cosponsor of S. 682, a bill to implement the Hague Convention on Protection of Children and Co-operation in Respect of Intercounty Adoption, and for other purposes.

S. 702

At the request of Mr. HARKIN, the name of the Senator from Hawaii (Mr. AKAKA) was added as a cosponsor of S. 702, a bill to amend the Fair Labor Standards Act of 1938 to prohibit discrimination in the payment of wages on account of sex, race, or national origin, and for other purposes.

S. 729

At the request of Mr. CRAIG, the name of the Senator from Wyoming (Mr. ENZI) was added as a cosponsor of S. 729, a bill to ensure that Congress and the public have the right to participate in the declaration of national monuments on federal land.

S. 832

At the request of Mr. FRIST, the name of the Senator from West Virginia (Mr. ROCKEFELLER) was added as a cosponsor of S. 832, a bill to extend the commercial space launch damage indemnification provisions of section 70113 of title 49, United States Code.

S. 1155

At the request of Mr. ROBERTS, the name of the Senator from Virginia (Mr. ROBB) was added as a cosponsor of S. 1155, a bill to amend the Federal Food, Drug, and Cosmetic Act to provide for uniform food safety warning notification requirements, and for other purposes.

S. 1361

At the request of Mr. STEVENS, the name of the Senator from Arkansas (Mr. HUTCHINSON) was added as a cosponsor of S. 1361, a bill to amend the Earthquake Hazards Reduction Act of 1977 to provide for an expanded Federal program of hazard mitigation, relief, and insurance against the risk of catastrophic natural disasters, such as hurricanes, earthquakes, and volcanic eruptions, and for other purposes.

S. 1690

At the request of Mr. MACK, the name of the Senator from South Dakota (Mr. JOHNSON) was added as a cosponsor of S. 1690, a bill to require the United States to take action to provide bilateral debt relief, and improve the provision of multilateral debt relief, in order to give a fresh start to poor countries.

S. 1921

At the request of Mr. CAMPBELL, the names of the Senator from South Carolina (Mr. THURMOND), the Senator from Ohio (Mr. VOINOVICH), the Senator from Minnesota (Mr. GRAMS) and the Senator from California (Mrs. FEINSTEIN)